

HAMILTON COUNTY C.A.R.E. PROGRAM/DRUG COURT
EDUCATION PROGRAM/TREATMENT REFERRAL
FEEDBACK QUESTIONNAIRE

Name: _____

Date: _____

Program/Counseling Agency Attended: _____

Dates of Attendance: _____

1. What was your overall evaluation of the quality of this program?

Poor Fair Average Good Excellent

2. How meaningful was the content of this program?

Poor Fair Average Good Excellent

3. How well was this program organized?

Poor Fair Average Good Excellent

4. How well did the program/counseling sessions meet your needs?

Poor Fair Average Good Excellent

5. What was your impression of the presenter/counselor?

Poor Fair Average Good Excellent

6. Will the information you received in this program impact your future decisions regarding alcohol and/or drug use? _____ Yes _____ No If yes, how?

7. What changes, if any, do you plan to make as a result of completing this program?

Please add any comments or suggestions that may help improve the quality of the program you attended:

In regard to the intake, assessment, referral and case management services provided directly to you from the Hamilton County C.A.R.E. Program and/or Hamilton County Drug Court (within the probation department) and its staff, please list any comments or feedback that you have:

Please return to:

Krista Radican, C.A.R.E. Program Coordinator
One Hamilton County Square, Suite 29
Noblesville, IN 46060-2229